



140 58th Street., Building A, Unit 3L
 Brooklyn, NY 11220
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General Test Requisition

ACCESSION NUMBER
PLACE LABEL HERE

Account Information	Physician	Patient Information			
		Last Name	First Name	MI	M <input type="checkbox"/> F <input type="checkbox"/> D.OB <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
		Address (Street)		Apt# Floor Room#	
		City	State	Zip	Telephone #
		Date Ordered	Social Security#	ClientChart/Pt.ID#	

Billing Information* Bill Patient Bill Client Bill Medicare Bill Medicaid Bill Insurance SELF SPOUSE CHILD OTHER

Insurance Name	Insurance ID #	Group #/Category #	Insured Name (if different from patient)		
Insurance Address	City	State	Zip	Telephone #	

ICD9/Diagnosis Codes	Doctor's Signature *	Physician License/UPIN/NPI	MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)
			I have read the ABN on the reverse. If Medicare denies payment, I agree to pay for the identified test(s).

Specimen Information		<input type="checkbox"/> Call results to:	<input type="checkbox"/> Fax results to:
Date collected	Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Fasting: _____ hrs	()	()

PANELS			
1115 <input type="checkbox"/> CARDIAC PANEL	SS	850 <input type="checkbox"/> IRON DEFICIENCY PANEL	SS
1120 <input type="checkbox"/> BASIC METABOLIC PANEL	SS	1745 <input type="checkbox"/> B12 + FOLATE	SS
1130 <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	SS	1680 <input type="checkbox"/> ACUTE HEPATITIS PANEL	SS
1140 <input type="checkbox"/> HEPATIC FUNCTION PANEL	SS	840 <input type="checkbox"/> ARTHRITIS PANEL	LV, SS
1150 <input type="checkbox"/> LIPID PROFILE	SS	820 <input type="checkbox"/> FERTILITY PANEL	SS
3075 <input type="checkbox"/> THYROID BASIC	SS	830 <input type="checkbox"/> DIABETIC PROFILE	LV, SS
3080 <input type="checkbox"/> THYROID COMPREHENSIVE	SS	810 <input type="checkbox"/> GENERAL HEALTH PANEL	LV, SS
		1170 <input type="checkbox"/> CHEM 29 PANEL	LV, SS
		1180 <input type="checkbox"/> ANEMIA PROFILE	LV, SS
		A119 <input type="checkbox"/> RESPIRATORY ALLERGY PROFILE	SS
		A121 <input type="checkbox"/> FOOD ALLERGY PROFILE	SS
TEST REQUIRING SPECIAL FORM			
		5066 <input type="checkbox"/> HIV 1/2 _____	LV/SS

TESTS			
061 <input type="checkbox"/> ABO group & RH	PNK	112 <input type="checkbox"/> CREATININE	SS
197 <input type="checkbox"/> AFP Tumor marker	SS	714 <input type="checkbox"/> C-PEPTIDE	SS
101 <input type="checkbox"/> ALBUMIN	SS	1537 <input type="checkbox"/> hs CRP	SS
102 <input type="checkbox"/> ALK PHOSPHATASE	SS	148 <input type="checkbox"/> DIGOXIN	SS
106 <input type="checkbox"/> ALT (SGPT)	SS	151 <input type="checkbox"/> DILANTIN (Phenytoin)	SS
712 <input type="checkbox"/> AMMONIA	LV	800 <input type="checkbox"/> DHEA-SULFATE	SS
105 <input type="checkbox"/> AMYLASE	SS	742 <input type="checkbox"/> EPSTEIN BARR	SS
301 <input type="checkbox"/> ANA	SS	185 <input type="checkbox"/> ESTRADIOL	SS
302 <input type="checkbox"/> ASO	SS	115 <input type="checkbox"/> FERRITIN	SS
107 <input type="checkbox"/> AST (SGOT)	SS	245 <input type="checkbox"/> FIBRINOGEN	BL
129 <input type="checkbox"/> BILIRUBIN Total	SS	163 <input type="checkbox"/> FOLATE	SS
678A <input type="checkbox"/> PRO-BNP	SS	029 <input type="checkbox"/> FRUCTOSAMINE	SS
136 <input type="checkbox"/> BUN	SS	139 <input type="checkbox"/> FSH	SS
684 <input type="checkbox"/> CA125	SS	116 <input type="checkbox"/> GTP (GGT)	SS
698 <input type="checkbox"/> CA15.3	SS	117 <input type="checkbox"/> GLUCOSE fasting	SS
685 <input type="checkbox"/> CA19.9	SS	119 <input type="checkbox"/> GLYCO Hgb A1c	LV
025 <input type="checkbox"/> CA 27.29	SS	119 <input type="checkbox"/> GLYCO Hgb A1c	LV
103 <input type="checkbox"/> CALCIUM	SS	463 <input type="checkbox"/> BHCG Serum (Qnty)	SS
20 <input type="checkbox"/> CBC. DIFF. PLT	LV	147 <input type="checkbox"/> HCG Serum (Qual)	SS
383 <input type="checkbox"/> CEA	SS	324 <input type="checkbox"/> Hep A Total Ab	SS
495 <input type="checkbox"/> CORTISOL	SS	320 <input type="checkbox"/> Hep B Surf Ab	SS
110 <input type="checkbox"/> CPK	SS	319 <input type="checkbox"/> Hep B Surf Ag	SS
111 <input type="checkbox"/> CKMB (Incl. CPK)	SS	321 <input type="checkbox"/> Hep B Core Ab	SS
		971 <input type="checkbox"/> Hep C Virus Ab	SS
		316 <input type="checkbox"/> HERPES I & II IgG	SS
		077 <input type="checkbox"/> HEMOGLOBIN Electro	LV
		677 <input type="checkbox"/> HOMOCYSTEINE	SS
		333 <input type="checkbox"/> H. PYLORI Ab IgG	SS
		386 <input type="checkbox"/> INSULIN	SS
		120 <input type="checkbox"/> IRON	SS
		123 <input type="checkbox"/> LDH	SS
		067 <input type="checkbox"/> Lead Whole Blood	LV
		140 <input type="checkbox"/> LH	SS
		124 <input type="checkbox"/> LIPASE	SS
		042 <input type="checkbox"/> LYME Ab Total	SS
		125 <input type="checkbox"/> MAGNESIUM	SS
		0944 <input type="checkbox"/> MEASLES Ab IgG	SS
		765 <input type="checkbox"/> MUMPS Ab IgG	SS
		777 <input type="checkbox"/> OCCULT BLOOD	STL
		127 <input type="checkbox"/> PHOSPHORUS	SS
		913 <input type="checkbox"/> PROGESTERONE	SS
		181 <input type="checkbox"/> PROLACTIN	SS
		194 <input type="checkbox"/> PSA Free / Total	SS
		196 <input type="checkbox"/> PSA	SS
		036 <input type="checkbox"/> PT W/INR	BL
		037 <input type="checkbox"/> PTT	BL
		787 <input type="checkbox"/> PTH Intact	SS
		247 <input type="checkbox"/> RETICULOCYTE count	LV
		304 <input type="checkbox"/> RF (Rheumatoid)	SS
		432 <input type="checkbox"/> RUBELLA IgG Ab	SS
		305 <input type="checkbox"/> RPR (Syphilis)	SS
		246 <input type="checkbox"/> SED RATE (ESR)	LV
		145 <input type="checkbox"/> TUPTAKE (%)	SS
		023 <input type="checkbox"/> T3 (free)	SS
		980 <input type="checkbox"/> T3 TOTAL	SS
		144 <input type="checkbox"/> T4 (Thyroxine)	SS
		252 <input type="checkbox"/> T4 (Free)	SS
		783 <input type="checkbox"/> Thyroglobulin	SS
		352 <input type="checkbox"/> Thyroglobulin Ab (Tg Ab)	SS
		353 <input type="checkbox"/> Thyroid Peroxidase Ab	SS
		187 <input type="checkbox"/> TESTOSTERONE	SS
		024 <input type="checkbox"/> TESTOSTERONE Free/Total	SS
		146 <input type="checkbox"/> TSH	SS
		231 <input type="checkbox"/> TRANSFERRIN	SS
		531 <input type="checkbox"/> TROPONIN I	GRN
		137 <input type="checkbox"/> URIC ACID	SS
		030 <input type="checkbox"/> URINALYSIS	UA
		NGYN <input type="checkbox"/> URINE CYTOLOGY	UR
		1448 <input type="checkbox"/> URINE DRUG SCREEN	UR
		212 <input type="checkbox"/> URINE MICROALBUMIN	UR
		310 <input type="checkbox"/> URINE PREGNANCY	UR
		962 <input type="checkbox"/> VALPROIC ACID	SS
		075 <input type="checkbox"/> VARICELLA Ab	SS
		162 <input type="checkbox"/> VITAMIN B12	SS
		160 <input type="checkbox"/> VITAMIN D, 25 Hydroxy	SS
		MICROBIOLOGY	
		2025 <input type="checkbox"/> FLUID CULTURE	SW
		2927 <input type="checkbox"/> GC & Chlamydia DNA	SW
		601 <input type="checkbox"/> GENITAL CULTURE	SW
		6002 <input type="checkbox"/> OVA & PARASITES	STL
		602 <input type="checkbox"/> STOOL CULTURE	STL
		604 <input type="checkbox"/> THROAT CULTURE	SW
		605 <input type="checkbox"/> URINE CULTURE	UR
		606 <input type="checkbox"/> WOUND CULTURE	SW
		<input type="checkbox"/> OTHER CULTURE	SW

GYN/PAP: <input type="checkbox"/> GYN/PAP THIN-PREP <input type="checkbox"/> TISSUE PATHOLOGY <input type="checkbox"/> SOURCE <input type="checkbox"/> VAG <input type="checkbox"/> CERV <input type="checkbox"/> ENDOCERV <input type="checkbox"/> OTHER: _____
OTHER MEDICAL DATA: <input type="checkbox"/> ABN BLEEDING <input type="checkbox"/> HORMONE RX <input type="checkbox"/> PREGNANT <input type="checkbox"/> POST PARTUM IUD <input type="checkbox"/> OTHER: _____
LMP / / <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: / /
PREVIOUS TEST RESULTS
FURTHER HISTORY

REQUIRES SPECIFIC DIAGNOSIS

- OT OTHER
- SL SLIDE
- SW SWAB
- UC URICIT
- UA U24
- UR URINE
- BX TISSUE
- YE YELLOW
- RE RED
- GN GREEN
- BL BLUE
- GR GRAY
- LV LAV
- SS SEP